

**Fill in this information to identify your case and this filing:**

Debtor 1 **Paul** **Hrywnak**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DIST. OF PENNSYLVANIA**

Case number **5:18-bk-00484**  
(if known)

☐ Check if this is an amended filing

## Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1.

**514 O'Hara Rd.**

Street address, if available, or other description

**Moscow** **PA** **18444**  
City State ZIP Code

**Lackawanna**  
County

**primary residence****What is the property?**

Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other

**Who has an interest in the property?**

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: **2030201002301**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
**\$300,000.00**

Current value of the portion you own?  
**\$300,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Simple**

☐ Check if this is community property (see instructions)

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....****\$300,000.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

Debtor 1 **Paul Hrywnak**Case number (if known) **5:18-bk-00484**

3.1. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Make: **Dodge** Check one.  
 Model: **Ram 2500** ☒ Debtor 1 only  
 Year: **2014** ☐ Debtor 2 only  
 Approximate mileage: **8,500,000** ☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another **\$18,500.00** **\$18,500.00**

Other information: **2014 Dodge Ram 2500 (approx. 8500000 miles)** ☐ Check if this is community property (see instructions)

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

☒ No  
☐ Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....** →

**\$18,500.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

☐ No  
☒ Yes. Describe..... **household goods and furnishings**

**\$2,500.00**

**7. Electronics**

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*

☒ No  
☐ Yes. Describe.....

**8. Collectibles of value**

*Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles*

☒ No  
☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments*

☒ No  
☐ Yes. Describe.....

**10. Firearms**

*Examples: Pistols, rifles, shotguns, ammunition, and related equipment*

☒ No  
☐ Yes. Describe.....

**11. Clothes**

*Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories*

☐ No  
☒ Yes. Describe..... **clothes**

**\$800.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe..... **gold bracelet****\$500.00****13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....****\$3,800.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes..... Cash: ..... **\$200.00****17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☒ No☐ Yes..... Institution name:**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**Interest in PH Construction & Landscaping, LLC****100%****\$5,000.00****Sole member of Midnight Realty, LLC****100%****\$0.00**

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them..... Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No  
☐ Yes. List each account separately. Type of account: Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes..... Institution name or individual:

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes..... Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No  
☐ Yes. Give specific information about them \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_  
State: \_\_\_\_\_  
Local: \_\_\_\_\_

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy

and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No☐ Yes. Give specific information**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$5,200.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

- ☒ No  
☐ Yes. Describe..

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**39. Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No  
☐ Yes. Describe..

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**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☒ No  
☐ Yes. Describe..

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**41. Inventory**

- ☒ No  
☐ Yes. Describe..

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**42. Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Describe..... Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

- ☒ No  
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?  
☐ No  
☐ Yes. Describe.....

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**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....****\$0.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**47. Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

- ☒ No  
☐ Yes....

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**48. Crops--either growing or harvested**

- ☒ No  
☐ Yes. Give specific information.....

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No  
☐ Yes....

**50. Farm and fishing supplies, chemicals, and feed**

- ☒ No  
☐ Yes....

**51. Any farm- and commercial fishing-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.....

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....****\$0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*

- ☐ No  
☒ Yes. Give specific information.

**tractor****\$1,500.00****54. Add the dollar value of all of your entries from Part 7. Write that number here.....****\$1,500.00****Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2.....****\$300,000.00****56. Part 2: Total vehicles, line 5****\$18,500.00****57. Part 3: Total personal and household items, line 15****\$3,800.00****58. Part 4: Total financial assets, line 36****\$5,200.00****59. Part 5: Total business-related property, line 45****\$0.00****60. Part 6: Total farm- and fishing-related property, line 52****\$0.00****61. Part 7: Total other property not listed, line 54****+ \$1,500.00****62. Total personal property. Add lines 56 through 61.....****\$29,000.00**Copy personal  
property total →**+****\$29,000.00****63. Total of all property on Schedule A/B. Add line 55 + line 62.....****\$329,000.00**

Debtor 1 **Paul Hrywnak**

Case number (if known) **5:18-bk-00484**



**Fill in this information to identify your case:**

Debtor 1	<b>Paul</b>		<b>Hrywnak</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>MIDDLE DIST. OF PENNSYLVANIA</b>		
Case number (if known)	<b>5:18-bk-00484</b>		

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt****04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: <b>2014 Dodge Ram 2500 (approx. 8500000 miles)</b> Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$18,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Brief description: <b>household goods and furnishings</b> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$2,500.00</u>	<input checked="" type="checkbox"/> <u>\$2,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <b>clothes</b> Line from Schedule A/B: <u>11</u>	<u>\$800.00</u>	<input checked="" type="checkbox"/> <u>\$800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: <b>gold bracelet</b> Line from Schedule A/B: <u>12</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: <b>cash in possession</b> Line from Schedule A/B: <u>16</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>Interest in PH Construction &amp; Landscaping, LLC</b> Line from Schedule A/B: <u>19</u>	<u>\$5,000.00</u>	<input checked="" type="checkbox"/> <u>\$5,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: <b>tractor</b> Line from Schedule A/B: <u>53</u>	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$2,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

**Fill in this information to identify your case:**

Debtor 1 **Paul** **Hrywnak**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DIST. OF PENNSYLVANIA**

Case number **5:18-bk-00484**  
(if known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.1

**Landmark Community Bank**

Creditor's name  
**2 S. Main St.**  
Number Street

**Describe the property that secures the claim:**

**2014 Dodge Ram 2500**  
**(approx. 85000 miles)**

**\$17,000.00****\$18,500.00**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Pittson PA 18640**  
City State ZIP Code

**Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset)

**Purchase Money**

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$17,000.00**

Debtor 1 **Paul Hrywnak**Case number (if known) **5:18-bk-00484****Part 1:****Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

*Column A***Amount of claim**  
Do not deduct the  
value of collateral*Column B***Value of collateral  
that supports this  
claim***Column C***Unsecured  
portion  
If any**

2.2

Describe the property that  
secures the claim:**\$12,000.00****\$300,000.00****\$12,000.00****PA Dept. of Revenue**

Creditor's name

**Bankruptcy Division**

Number Street

**Dept. 280946****personal property on  
Scheduel B****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☒ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

**Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates  
to a community debt

Date debt was incurred **12/15/2010**Last 4 digits of account number **8 9 3 1**

2.3

Describe the property that  
secures the claim:**\$472,558.00****\$300,000.00****\$172,558.00****Seterus**

Creditor's name

**Attn: Bankruptcy Dept.**

Number Street

**P.O. Box 4128****514 O'Hara Rd.****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset)

**Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates  
to a community debt

Date debt was incurred **04/29/2005**Last 4 digits of account number **2 7 7 0**Add the dollar value of your entries in Column A on this page. Write  
that number here:**\$484,558.00**If this is the last page of your form, add the dollar value totals from  
all pages. Write that number here:**\$501,558.00**

Debtor 1 Paul Hrywnak

Case number (if known) 5:18-bk-00484

**Part 2:** **List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1

Zucker, Goldberg & Ackerman,

On which line in Part 1 did you enter the creditor? 2.3

Name

200 Sheffield Street, Suite 101

Last 4 digits of account number \_\_\_\_\_

Number Street

Mountainside, NJ 7092

City

State

ZIP Code

**Fill in this information to identify your case:**

Debtor 1 **Paul** **Hrywnak**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DIST. OF PENNSYLVANIA**

Case number **5:18-bk-00484**  
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** claims and Part 2 for creditors with **NONPRIORITY** claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.  
☐ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			
Priority Creditor's Name	Last 4 digits of account number		
Number Street	When was the debt incurred?		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Taxes and certain other debts you owe the government		
Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> No	<input type="checkbox"/> Other. Specify		
<input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim****\$452,000.00**

4.1

**Arla Johnson, POA for Jane S. Johnson**

Nonpriority Creditor's Name

**for the Johnson Family Trust**

Number Street

**R.R. 3, Rt. 106****9985 Northside Road**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**When was the debt incurred?** **0718/12****As of the date you file, the claim is:** Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

**Potential personal liability**

4.2

**Capital One**

Nonpriority Creditor's Name

**PO Box 30285**

Number Street

**Salt Lake City UT 84130**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **1 7 7 3****When was the debt incurred?** **10/17/2005****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

**Purchase of Consumer Goods****\$430.00**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$642.00****4.3****Credit First National Assoc.**

Nonpriority Creditor's Name

**P.O. Box 81315**

Number Street

**Cleveland OH 44181-0315**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**4.4****CreditOne**

Nonpriority Creditor's Name

**P.O. Box 98873**

Number Street

**Las Vegas NV 89193**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**4.5****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville PA 17822**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **2 0 0 2**When was the debt incurred? **12/23/2002**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Judgment**Last 4 digits of account number **6 4 5 5**When was the debt incurred? **11/20/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Purchase of Consumer Goods**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **01/01/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****\$82.00**



**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.6

**\$425.00****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville****PA****17822**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**When was the debt incurred?** **03/01/16****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.7

**\$244.00****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville****PA****17822**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**When was the debt incurred?** **02/01/16****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

4.8

**\$244.00****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville****PA****17822**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**When was the debt incurred?** **03/01/16****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$244.00****4.9****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville**

City

**PA**

State

**17822**

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_ \_ \_ \_**When was the debt incurred?** 01/01/16**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****4.10****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville**

City

**PA**

State

**17822**

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** 4 1 2 8**When was the debt incurred?** 01/01/16**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****\$38,282.55****4.11****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville**

City

**PA**

State

**17822**

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_ \_ \_ \_**When was the debt incurred?** 04/10/16**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****\$420.00**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$385.00****4.12****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville**

City

**PA**

State

**17822**

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**When was the debt incurred?** **04/01/16****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****4.13****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville**

City

**PA**

State

**17822**

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**When was the debt incurred?** **03/01/16****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****\$186.00****4.14****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville**

City

**PA**

State

**17822**

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**When was the debt incurred?** **05/01/16****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****\$586.00**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$176.00****4.15****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville****PA****17822**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**When was the debt incurred?** **01/01/16****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****4.16****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville****PA****17822**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**When was the debt incurred?** **01/01/16****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****4.17****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville****PA****17822**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

**When was the debt incurred?** **02/01/16****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****\$403.00**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$5,903.00****4.18****Geisinger Health System**

Nonpriority Creditor's Name

**100 North Academy Ave.**

Number Street

**Danville**

City

**PA**

State

**17822**

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **4 1 2 8**When was the debt incurred? **01/01/16****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Services****4.19****Godino's West Mountain Stone Quarry**

Nonpriority Creditor's Name

**840 Newton Rd.**

Number Street

**Scranton**

City

**PA**

State

**18504**

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **4 4 0 4**When was the debt incurred? **12/13/2004****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Judgment****\$1,514.00****4.20****Internal Revenue Service**

Nonpriority Creditor's Name

**Special Procedures Branch**

Number Street

**PO Box 7346****Philadelphia**

City

**PA**

State

**19101-7346**

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1 3 5 6**When was the debt incurred? **02/27/2017****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Taxes****\$183,784.00**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$1,112.00****4.21****Kurlanchek Furniture**

Nonpriority Creditor's Name

**P.O. Box 15105**

Number Street

**Wilmington****DE****19850-5105**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **0 5 9 7**When was the debt incurred? **04/16/1997****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Judgment****4.22****Modern Gas Sales**

Nonpriority Creditor's Name

**P.O. Box 1**

Number Street

**Avoca****PA****18661**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred? **01/29/2013****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Propane****4.23****PA Dept. of Revenue**

Nonpriority Creditor's Name

**Bankruptcy Division**

Number Street

**Dept. 280946****Harrisburg****PA****17128-0496**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **5 0 4 7**When was the debt incurred? **08/17/2012****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**PA 40 taxes****\$5,346.00**

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**\$11,111.004.24**PA Dept. of Revenue**

Nonpriority Creditor's Name

**Bankruptcy Division**

Number Street

**Dept. 280946****Harrisburg**

City

**PA**

State

**17128-0496**

ZIP Code

**Who incurred the debt?**

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 6 5 8 4When was the debt incurred? 10/27/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**PA 40 taxes**4.25**PA Dept. of Revenue**

Nonpriority Creditor's Name

**Bankruptcy Division**

Number Street

**Dept. 280946****Harrisburg**

City

**PA**

State

**17128-0496**

ZIP Code

**Who incurred the debt?**

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 3 6 8 1When was the debt incurred? 06/26/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**PA 40 taxes**\$2,935.004.26**PPL Electric Utilities**

Nonpriority Creditor's Name

**827 Hausman Rd.**

Number Street

**Allentown**

City

**PA**

State

**18104-9392**

ZIP Code

**Who incurred the debt?**

Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 7 0 0 5When was the debt incurred? 01/01/15

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Utility**\$1,320.00

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$883.00****4.27****Santarelli & Sons Oil Co.**

Nonpriority Creditor's Name

**443 N. Main St.**

Number Street

Last 4 digits of account number

When was the debt incurred? **01/01/16**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Peckville PA 18452**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Oil**

**4.28****United Check Cashing**

Nonpriority Creditor's Name

**741 Oak St.**

Number Street

Last 4 digits of account number **7 6 0 3**When was the debt incurred? **05/12/2003**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Scranton PA 18508**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Judgment**

**\$330.00**



**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Ability Recovery Svcs. LLC**

Name

**P.O. Box 4031**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number C 2 8 3**Wyoming**

City

**PA**

State

**18644**

ZIP Code

**Capio Partners**

Name

**2222 Texoma Pkwy.**

Number Street

**Suite 150**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 7 7 7 9**Sherman**

City

**TX**

State

**75091**

ZIP Code

**LVNV Funding LLC**

Name

**P.O. Box 10497**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number            **Greenville**

City

**SC**

State

**29603**

ZIP Code

**LVNV Funding LLC**

Name

**P.O. Box 10497**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number            **Greenville**

City

**SC**

State

**29603**

ZIP Code

**Penn Credit Corp.**

Name

**916 South 14th Street**

Number Street

**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number C 1 1 8**Harrisburg**

City

**PA**

State

**17108-0988**

ZIP Code

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Penn Credit Corp.**

Name

**916 South 14th Street**

Number Street

**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **C 1 1 8****Harrisburg****PA****17108-0988**

City

State

ZIP Code

**Penn Credit Corp.**

Name

**916 South 14th Street**

Number Street

**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **C 1 1 8****Harrisburg****PA****17108-0988**

City

State

ZIP Code

**Penn Credit Corp.**

Name

**916 South 14th Street**

Number Street

**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **C 1 1 8****Harrisburg****PA****17108-0988**

City

State

ZIP Code

**Penn Credit Corp.**

Name

**916 South 14th Street**

Number Street

**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **C 1 1 8****Harrisburg****PA****17108-0988**

City

State

ZIP Code

**Penn Credit Corp.**

Name

**916 South 14th Street**

Number Street

**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **C 1 1 8****Harrisburg****PA****17108-0988**

City

State

ZIP Code

**Penn Credit Corp.**

Name

**916 South 14th Street**

Number Street

**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **C 1 1 8****Harrisburg****PA****17108-0988**

City

State

ZIP Code

Debtor 1 **Paul Hrywnak**

Case number (if known) **5:18-bk-00484**

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Penn Credit Corp.**

Name  
**916 South 14th Street**  
Number Street  
**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Harrisburg** **PA** **17108-0988**  
City State ZIP Code

Last 4 digits of account number C 1 1 8

**Penn Credit Corp.**

Name  
**916 South 14th Street**  
Number Street  
**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Harrisburg** **PA** **17108-0988**  
City State ZIP Code

Last 4 digits of account number C 1 1 8

**Penn Credit Corp.**

Name  
**916 South 14th Street**  
Number Street  
**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Harrisburg** **PA** **17108-0988**  
City State ZIP Code

Last 4 digits of account number C 1 1 8

**Penn Credit Corp.**

Name  
**916 South 14th Street**  
Number Street  
**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Harrisburg** **PA** **17108-0988**  
City State ZIP Code

Last 4 digits of account number C 1 1 8

**Penn Credit Corp.**

Name  
**916 South 14th Street**  
Number Street  
**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Harrisburg** **PA** **17108-0988**  
City State ZIP Code

Last 4 digits of account number C 1 1 8

**Penn Credit Corp.**

Name  
**916 South 14th Street**  
Number Street  
**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

**Harrisburg** **PA** **17108-0988**  
City State ZIP Code

Last 4 digits of account number C 1 1 8

Debtor 1 **Paul Hrywnak**

Case number (if known) **5:18-bk-00484**

**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

**Resurgent Capital Services**

Name

**PO Box 10587**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Greenville**

**SC**

**29601**

City

State

ZIP Code

**Resurgent Capital Services**

Name

**PO Box 10587**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_ \_ \_ \_

**Greenville**

**SC**

**29601**

City

State

ZIP Code

**USCB Corporation**

Name

**101 Harrison St.**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number S A N 0

**Archbald**

**PA**

**18403**

City

State

ZIP Code

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$709,914.55</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$709,914.55</u>

**Fill in this information to identify your case:**

Debtor 1	<u>Paul</u>	<u></u>	<u>Hrywnak</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>MIDDLE DIST. OF PENNSYLVANIA</u>		
Case number (if known)	<u>5:18-bk-00484</u>		

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

**Fill in this information to identify your case:**

Debtor 1 **Paul** **Hrywnak**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DIST. OF PENNSYLVANIA**

Case number **5:18-bk-00484**  
(if known)

☐ Check if this is an amended filing

## Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)  
☐ No  
☒ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 **KAB Construction, Inc.**  
Name  
**14 O'Hora Rd.,**  
Number Street  
**Moscow** **PA** **18444**  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.28**  
☐ Schedule G, line \_\_\_\_\_  
**United Check Cashing**

3.2 **Midnight Realty, LLC**  
Name  
**14 O'Hora Road**  
Number Street  
**Spring Brook Twp.** **PA** **18444**  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.1**  
☐ Schedule G, line \_\_\_\_\_  
**Arla Johnson, POA for Jane S. Johnson**

**Fill in this information to identify your case:**

Debtor 1	<u>Paul</u>	<u>Hrywnak</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Last Name
United States Bankruptcy Court for the:	<u>MIDDLE DIST. OF PENNSYLVANIA</u>	
Case number (if known)	<u>5:18-bk-00484</u>	

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Debtor 1**

- ☒ Employed  
☐ Not employed

**Occupation**President/Sole Member**Employer's name**PH Construction & Landscaping, LL**Employer's address**

Number Street

**Debtor 2 or non-filing spouse**

- ☐ Employed  
☐ Not employed

Number Street

City

State Zip Code

City

State Zip Code

How long employed there? 3 years**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$0.00</u>	
<b>3. Estimate and list monthly overtime pay.</b>	3. + <u>\$0.00</u>	
<b>4. Calculate gross income.</b> Add line 2 + line 3.	4. <u>\$0.00</u>	



	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	<b>\$0.00</b>	
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. <b>\$0.00</b>	
5b. Mandatory contributions for retirement plans	5b. <b>\$0.00</b>	
5c. Voluntary contributions for retirement plans	5c. <b>\$0.00</b>	
5d. Required repayments of retirement fund loans	5d. <b>\$0.00</b>	
5e. Insurance	5e. <b>\$0.00</b>	
5f. Domestic support obligations	5f. <b>\$0.00</b>	
5g. Union dues	5g. <b>\$0.00</b>	
5h. Other deductions. Specify: _____	5h. + <b>\$0.00</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <b>\$0.00</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <b>\$0.00</b>	
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <b>\$0.00</b>	
8b. Interest and dividends	8b. <b>\$0.00</b>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <b>\$0.00</b>	
8d. Unemployment compensation	8d. <b>\$0.00</b>	
8e. Social Security	8e. <b>\$0.00</b>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <b>\$0.00</b>	
8g. Pension or retirement income	8g. <b>\$0.00</b>	
8h. Other monthly income. Specify: <b>Draw from LLC</b>	8h. + <b>\$6,300.00</b>	
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <b>\$6,300.00</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <b>\$6,300.00</b>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + <b>\$0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. <b>\$6,300.00</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <b>None.</b> <input type="checkbox"/> Yes. Explain: _____		

**Fill in this information to identify your case:**

Debtor 1	<u>Paul</u>	<u>Hrywnak</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>MIDDLE DIST. OF PENNSYLVANIA</u>	
Case number (if known)	<u>5:18-bk-00484</u>	

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

## 1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

## 2. Do you have dependents?

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>daughter</u>	<u>4</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses4. The rental or home ownership expenses for your residence.  
Include first mortgage payments and any rent for the ground or lot.4. \$3,488.00

## If not included in line 4:

4a. Real estate taxes	4a. <u>\$0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. <u>\$0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$0.00</u>
4d. Homeowner's association or condominium dues	4d. <u>\$0.00</u>

Debtor 1 Paul HrywnakCase number (if known) 5:18-bk-00484**Your expenses**

<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5.	<u>\$0.00</u>
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	<u>\$365.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$270.00</u>
6d. Other. Specify: <u>Internet</u>	6d.	<u>\$40.00</u>
<b>7. Food and housekeeping supplies</b>	7.	<u>\$300.00</u>
<b>8. Childcare and children's education costs</b>	8.	<u>\$0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<u>\$5.00</u>
<b>10. Personal care products and services</b>	10.	<u>\$0.00</u>
<b>11. Medical and dental expenses</b>	11.	<u>\$15.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$320.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	<u>\$0.00</u>
<b>14. Charitable contributions and religious donations</b>	14.	<u>\$0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$0.00</u>
15b. Health insurance	15b.	<u>\$225.00</u>
15c. Vehicle insurance	15c.	<u>\$116.66</u>
15d. Other insurance. Specify: _____	15d.	_____
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a.	<u>\$728.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	<u>\$0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	<u>\$0.00</u>

Debtor 1 Paul Hrywnak

Case number (if known) 5:18-bk-00484

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	<u>\$0.00</u>

**21. Other.** Specify: Auto Maintenance and repair 21. + \$100.00

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a.	<u>\$5,972.66</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	_____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	<u>\$5,972.66</u>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	<u>\$6,300.00</u>
23b. Copy your monthly expenses from line 22c above.	23b.	<u>-\$5,972.66</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	<u>\$327.34</u>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

**None.**

**Fill in this information to identify your case:**

Debtor 1	<b>Paul</b>		<b>Hrywnak</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>MIDDLE DIST. OF PENNSYLVANIA</b>		
Case number (if known)	<b>5:18-bk-00484</b>		

☐ Check if this is an amended filing

## Official Form 106Sum

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets****Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<b>\$300,000.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<b>\$29,000.00</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	<b>\$329,000.00</b>

**Part 2: Summarize Your Liabilities****Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D....	<b>\$501,558.00</b>
--	---------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<b>\$0.00</b>
---	---------------

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<b>+</b>	<b>\$709,914.55</b>
--	----------	---------------------

**Your total liabilities****\$1,211,472.55****Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<b>\$6,300.00</b>
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<b>\$5,972.66</b>
---	-------------------

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.**\$1,000.00****9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim**From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$0.00</b>

**Fill in this information to identify your case:**

Debtor 1	<u>Paul</u>	<u></u>	<u>Hrywnak</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>MIDDLE DIST. OF PENNSYLVANIA</u>		
Case number (if known)	<u>5:18-bk-00484</u>		

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Paul Hrywnak

Paul Hrywnak, Debtor 1

Date 02/23/2018  
MM / DD / YYYY

X \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1	<u>Paul</u>	<u></u>	<u>Hrywnak</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>MIDDLE DIST. OF PENNSYLVANIA</u>		
Case number (if known)	<u>5:18-bk-00484</u>		

☐ Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy****04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☐ Married  
☒ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).



**Part 2: Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of the current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the last calendar year:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2016</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
<b>From January 1 of the current year until the date you filed for bankruptcy:</b>	<b>Draw from LLC</b>	<b>\$0.00</b>
<b>For the last calendar year:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<b>Draw from LLC</b>	<b>\$10,000.00</b>
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2016</u> ) YYYY	<b>Draw from LLC</b>	<b>\$10,000.00</b>

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<b>Landmark Community Bank</b>		<b>\$2,184.00</b>	<b>\$17,000.00</b>	<input type="checkbox"/> Mortgage
Creditor's name	<b>12/2017</b>			<input checked="" type="checkbox"/> Car
<b>2 S. Main St.</b>	<b>01/18</b>			<input type="checkbox"/> Credit card
Number Street	<b>2/18</b>			<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
<b>Pittson</b>				
City	<b>PA</b>	<b>18640</b>		
	State	ZIP Code		

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No
- ☐ Yes. List all payments to an insider.

Debtor 1 **Paul Hrywnak**

Case number (if known) **5:18-bk-00484**

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments that benefited an insider.

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
Deutsche Bank National Trust Company vs. Paul Hrywnak, Jr.	mortgage foreclosure- sheriff same stayed	Court of Common Pleas of Lackawanna County Court Name Spruce St. Number Street	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <b>2014-CV-3818</b>		Scranton PA City State ZIP Code	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Tullio DeLuca, Esq. Person Who Was Paid			
381 N. 9th Ave. Number Street		02/2018	\$1,000.00
Scranton PA 18504 City State ZIP Code			
Email or website address			

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

- 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

- 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called asset-protection devices.)

- ☒ No  
☐ Yes. Fill in the details.

#### **Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

- 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

- 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- ☒ No  
☐ Yes. Fill in the details.

- 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- ☒ No  
☐ Yes. Fill in the details.

#### **Part 9: Identify Property You Hold or Control for Someone Else**

- 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☒ No  
☐ Yes. Fill in the details.

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

**PH Construction & Landscaping, LLC** Describe the nature of the business  
Business Name construction and landscaping

**14 O'Hara Rd.** Name of accountant or bookkeeper  
Number Street Joseph

**Springbrook Twp. PA 18444**  
City State ZIP Code

Employer Identification number  
Do not include Social Security number or ITIN.

EIN: \_ \_ - \_ \_ \_ \_ \_

Dates business existed

From **07/15** To \_ \_ \_ \_ \_

Debtor 1 Paul Hrywnak

Case number (if known) 5:18-bk-00484

**Midnight Realty, LLC**

Business Name

**514 O'Hara Rd.,**

Number Street

**Moscow, PA 18444**

Describe the nature of the business

Debtor has sole member interest in LC  
and LLC does not own any property.

Name of accountant or bookkeeper

None

Employer Identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_ - \_\_\_\_\_

Dates business existed

From 01/01/15 To \_\_\_\_\_

City State ZIP Code

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Paul Hrywnak

Paul Hrywnak, Debtor 1

Date 02/23/2018

X \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF PENNSYLVANIA  
WILKES-BARRE DIVISION**

In re **Paul Hrywnak**Case No. **5:18-bk-00484**Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u><b>\$5,000.00</b></u>
Prior to the filing of this statement I have received.....	<u><b>\$1,000.00</b></u>
Balance Due.....	<u><b>\$4,000.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor                      ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor                      ☒ Other (specify)  
**through Chapter 13 plan**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;



6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**The Debtor and the undersigned agree that any additional legal services required but not outlined above, such as adversary proceedings, objections to proof of claims, motions to sell property, and amending the plan post confirmation, shall be charged and paid at an hourly rate of \$150.00 per hour. In the event a violation of auto stay and/or discharge injunction occurs which requires a proceeding to be filed and prosecuted, Debtor agrees to be charged and pay an hourly rate of \$300.00.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**02/23/2018**

*Date*

**/s/ Tullio DeLuca**

*Tullio DeLuca*

Law offices of Tullio DeLuca

381 N. 9th Avenue

Scranton, PA 18504

Phone: (570) 347-7764 / Fax: (570) 347-7763

Bar No. 59887

**/s/ Paul Hrywnak**

**Paul Hrywnak**

UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF PENNSYLVANIA  
WILKES-BARRE DIVISION

IN RE: **Paul Hrywnak**

CASE NO **5:18-bk-00484**

CHAPTER **13**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 2/23/2018

Signature /s/ Paul Hrywnak  
Paul Hrywnak

Date \_\_\_\_\_

Signature \_\_\_\_\_

Ability Recovery Svcs. LLC  
P.O. Box 4031  
Wyoming, PA 18644

Arla Johnson, POA for Jane S. Johnson  
for the Johnson Family Trust  
R.R. 3, Rt. 106  
9985 Northside Road  
Souis, PE, Canada COA2B0

Capio Partners  
2222 Texoma Pkwy.  
Suite 150  
Sherman, TX 75091

Capital One  
PO Box 30285  
Salt Lake City, UT 84130

Credit First National Assoc.  
P.O. Box 81315  
Cleveland, OH 44181-0315

CreditOne  
P.O. Box 98873  
Las Vegas, NV 89193

Geisinger Health System  
100 North Academy Ave.  
Danville, PA 17822

Godino's West Mountain Stone Quarry  
840 Newton Rd.  
Scranton, PA 18504

Internal Revenue Service  
Special Procedures Branch  
PO Box 7346  
Philadelphia, PA 19101-7346

KAB Construction, Inc.  
14 O'Hora Rd.,  
Moscow, PA 18444

Kurlanchek Furniture  
P.O. Box 15105  
Wilmington, DE 19850-5105

Landmark Community Bank  
2 S. Main St.  
Pittson, PA 18640

Law offices of Tullio DeLuca  
381 N. 9th Avenue  
Scranton, PA 18504

LVNV Funding LLC  
P.O. Box 10497  
Greenville, SC 29603

Midnight Realty, LLC  
14 O'Hora Road  
Spring Brook Twp., PA 18444

Modern Gas Sales  
P.O. Box 1  
Avoca, PA 18661

PA Dept. of Revenue  
Bankruptcy Division  
Dept. 280946  
Harrisburg, PA 17128-0496

Paul Hrywnak  
14 O'Hara Road  
Moscow, PA 18444

Penn Credit Corp.  
916 South 14th Street  
P.O. Box 988  
Harrisburg, PA 17108-0988

PPL Electric Utilities  
827 Hausman Rd.  
Allentown, PA 18104-9392

Resurgent Capital Services  
PO Box 10587  
Greenville, SC 29601

Santarelli & Sons Oil Co.  
443 N. Main St.  
Peckville, PA 18452

Seterus  
Attn: Bankruptcy Dept.  
P.O. Box 4128  
Beaverton, OR 97076

United Check Cashing  
741 Oak St.  
Scranton, PA 18508

USCB Corporation  
101 Harrison St.  
Archbald, PA 18403

Zucker, Goldberg & Ackerman,  
200 Sheffield Street, Suite 101  
Mountainside, NJ 7092